

## **MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL**

<b>Policy Subject: Occupational Exposure</b>	
<b>Policy Number: ICP 09</b>	<b>Standards/Statutes: ARM 37.27.121, 130</b>
<b>Effective Date: 01/01/02</b>	<b>Page 1 of 4</b>

### **PURPOSE:**

To provide guidelines in the event of an occupational exposure to bloodborne pathogens.

### **POLICY:**

An employee exposed to blood or other potentially infectious material must follow appropriate procedures as detailed below to ensure the most optimal outcome related to the employee's exposure.

### **PROCEDURE:**

#### **I. Immediate post-exposure measures:**

##### **A. For percutaneous (needle stick/sharp object) injury:**

1. Briefly induce bleeding from the wound.
2. Remove any foreign materials embedded in the wound.
3. Wash wound for 10 minutes with Hibiclens or with soap and water.

##### **B. For non-intact skin exposure:**

1. Wash with available soap and running water for ten minutes.

##### **C. For mucous membrane exposure:**

1. Irrigate copiously with tap water for ten minutes.

II. Following completion of immediate care measures, the employee should immediately contact the infection control nurse (IC nurse) or call the PEP (post-exposure prophylaxis) Hotline a 1-888-448-4911 to

receive emergency counseling and advice on post-exposure prophylaxis (PEP). The hotline is available 24 hours a day and has the most current recommendations for PEP depending on the type of exposure. The decision of the exposed health care worker to accept or decline post-exposure HIV chemoprophylaxis is an urgent one, since it is recommended that chemoprophylaxis start within one hour of exposure. This counseling shall include:

- A. A risk assessment on the transmission risk associated with the specific occupational exposure.
- B. Information of current data regarding the efficacy and toxicity of post-exposure prophylaxis, and of the limited nature of the data.

III. If the PEP Hotline recommends post-exposure prophylaxis or if the employee feels they want PEP, the employee should immediately go to St. James Hospital ER for further evaluation and treatment. But the employee has the option to decline post-exposure prophylaxis if it is recommended.

IV. If the IC nurse or assigned designee was unavailable at the time of the incident, they should be made aware of the situation as soon as possible. An incident report needs to be filled out by the employee and IC nurse. The IC nurse will complete the occupational exposure report and inform management of the situation.

V. The IC nurse will advise the employee on further follow-up. If the employee has chosen to begin post-exposure prophylaxis (PEP), the IC nurse will assist with the scheduling of an appointment with a physician of the employee's choice for further counseling, follow-up, and management of the continuation of the chemoprophylaxis. Assessment of the risk for HIV infection for each specific occupational exposure involves many factors and the management of the chemoprophylaxis following an occupational exposure, including the potential side effects and potential toxicity of the medications is very complex. Thus it is strongly recommended to the employee that they seek further follow-up with a physician that specializes in infectious diseases or has current knowledge and understanding of PEP.

VI. The IC nurse will have available to the outside health care provider a copy of:

- A. Medic's blood borne Pathogen Policies
- B. The MCDC Incident Report
- C. The Employee's Hip B Immunization Status

VII. Blood will be drawn from the employee for a baseline HBV/HIV/HCV, as soon as possible after the exposure as possible. The employee will not be charged for any testing and all employee blood will be labeled confidentially. The employee has the right to refuse post-exposure HIV/HBV/HCV testing. If the employee refuses baseline testing, MCDC can refuse to recognize a later positive test for HIV, Hepatitis B, and/or Hepatitis C as the result of this occupational exposure.

VIII. The IC nurse will attempt to determine the source patient's HBV/HIV/HCV status:

- A. The IC nurse will seek written, informed consent from the source patient for HBV/HIV/HCV.

B. If consent cannot be obtained, the IC nurse can order the tests on blood previously drawn from the source patient.

C. The patient cannot be charged for any testing nor will the results be a part of the patient's records. These results will become a part of the confidential exposure record.

IX. The employee will be counseled regarding his/her option for sequential confidential HBV/HIV/HCV testing, including a minimum of six months and 12 months after the incident.

X. When the baseline lab results are reported, the IC nurse will contact the employee or assigned designee to receive the results of employee's blood work and, if attainable, the source patient's blood work. The employee is reminded to not disclose the source patient's HBV/HIV/HCV status. If the employee's baseline tests are positive, the employee will be referred to a physician of the employee's choice for further treatment and counseling.

XI. The workman's compensation carrier will be informed of the exposure.

XII. The IC nurse or assigned designee will provide counseling and support during the testing process, along with a schedule for sequential testing and post-exposure counseling dates.

XIII. The IC nurse or assigned designee will prepare a report following the exposure. The report will be given to management, with a copy of the report placed in the employee's health file. The report will include:

A. The employee's Hep B status, and whether a Hep B vaccination was indicated

B. For the employee.

C. A statement indicating the employee has been counseled about possible medical conditions that can result from blood or other potentially infectious material.

D. A statement that the employee has been informed of any blood results from the employee and the source patient. The statement will also note that a physician of the employee's choice informed the employee of any medical issues that might require further evaluation and treatment. Because of the employee's right to confidentiality, specific blood results from the employee and the source patients are not included in this report.

XIV. The employee has the option of sequential HBV/HIV/HCV testing regardless of the source patient testing results.

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Revisions:

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